

DC768 Professional Diploma in Clinical Supervision

Professional Reference

Thank you for providing this reference which will be very helpful for assessing this candidate's suitability for the above programme. Please note that information provided by you is liable to be released to the subject of the reference, where a request is made under relevant legislation (including the Irish Freedom of Information Acts, 1997 and 2003, and the Data Protections Acts, 1988 and 2003). Confidential references from staff outside the Irish jurisdiction or from bodies not covered under the Act will not be released without prior consultation with the provider.

Name of applicant:	
Name of referee:	
Email address:	

Please indicate how long you have known the applicant:			
0 - 1 year <input type="checkbox"/>	1 - 3 years <input type="checkbox"/>	3 - 5 years <input type="checkbox"/>	5+ years <input type="checkbox"/>

Please indicate the capacity in which you know the applicant:

Please rate the applicant's capabilities in the following areas (note N/A if not known):				
	Exceptional ability	Above average ability	Average ability	Room for development
<i>communication skills</i>				
<i>maturity</i>				
<i>capacity to relate with honesty and integrity</i>				
<i>sensitivity and empathy towards others</i>				
<i>capacity for self-care</i>				
<i>ability to seek support from others</i>				
<i>ability to relate to people with diverse backgrounds</i>				



<i>capacity to manage stress and strong emotions</i>				
<i>ability to think and act independently</i>				
<i>ability to adapt/be flexible</i>				
<i>capacity to understand and reflect on self</i>				
<i>responsiveness to feedback</i>				
<i>capacity to manage competing demands and meet deadlines</i>				

Please indicate how strongly you are supporting this application:

Not strongly Strongly Very strongly

Please describe the applicant’s key professional characteristics, skills, and competencies, including your view of the applicant’s suitability for training as a clinical supervisor:

Signed: _____

Date: ____/____/____